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NEWS NOTES

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ARMY REPORTS ON USE OF STREPTOMYCIN

The new anti-infection agent, streptomycin, which is in the same general class as penicillin, appears effective in appropriate doses against more than half the infective bacterial organisms ordinarily encountered by surgeons, according to the report to The Surgeon General's Office from the Halloran General Hospital. Clinical studies of the use of the drug throughout the army have been submitted and evaluated at Halloran.

On the other hand, it apparently has specific poisonous effects when given ever an extended period, and bacteria soon become resistant to it so that it probably can be used only once with maximum effect within a limited period on the same patient.

The drug became available only late in the war and is still scarce and expensive.

Army experience with the drug is probably the most extensive to date due to the ability to compile and follow results. Outside the services because of limited opportunities to observe results in large numbers there have been varied, and sometimes quite exaggerated, reports on its value and it often is referred to popularly as a "miracle drug." From the first careful observations of its effects have been carried out by army doctors by orders of The Surgeon General, and these are being continued. The findings to date are summarized in the Army Medical Bulletin of November 1946.

The observation of the ability of bacteria to develop resistance to the drug after a few days may be of particular importance at this time. The same has been noted in respect to both the sulfa drugs and penicillin, but apparently the phenomenon is more pronounced with streptomycin. In at least one case, test tube experiments showed, there was a 100-fold increase of the resistance of an organism in ten days. Given indiscriminately, the drug may lose any value for a particular type of infection in an individual for the rest of his life. Improper use may cause variation and selection in disease agents so that streptomycin is no longer effective for the infection where it is of greatest value at the present time.

MORE

ARMY REPORTS ON USE OF STREPTOMYCIN (Continued)

Bacteria, on the basis of certain chemical reactions, ordinarily are divided into two classes-- gram positive and gram negative. The new drug, in test tube experiments, seems effective in varying concentrations, against 60 per cent gram positive and 80 per cent gram negative organisms ordinarily encountered in surgery.

Of paramount importance, is determination whether a specific micro-organism is susceptible to the drug before it is administered by mouth, by injection, or direct application.

The army experience bears out previous claims that streptomycin is of especial value in clearing up infections of the urinary tract, provided that the organisms causing the infections are susceptible ones. If the treatment is not entirely effective in three days ordinarily no good results can be expected from its continuation. In gonorrheal infection which has proved resistant to both sulfadiazine and penicillin outstanding results have been obtained.

Use in army hospitals gives no support to claims that the drug is of value in infections of the prostate. The drug is not concentrated in that organ.

It was found to have very little value against bone infections, except when used in conjunction with surgery where there could be direct application.

Thus far streptomycin has not given dramatic results in peritonitis, but its continued use as an auxiliary treatment seems justified.

In various dysenteries due to susceptible bacteria considerable benefit has been noted, sometimes when the drug is given by mouth alone.

In septicemia-- still provided that the organism responsible for the infection is a susceptible one-- streptomycin has proved very effective, but it is still essential that unapproachable foci of infection be removed by surgery.

The substance has little value, so far as the army experience goes, against typhoid fever and it is apparently of no use in controlling carriers of this disease.

In undulant fever there have been apparent clinical arrests of the infection from the combined use of streptomycin and sulfadiazine after each drug given alone had failed. Further study will be required, however, before any valid conclusions can be reported.

MORE

ARMY REPORTS ON USE OF STREPTOMYCIN (Continued)

It is very effective against tuleremia, or rabbit fever, provided the specific organism responsible has been demonstrated in test tube experiments to be susceptible to the drug.

Up to date experience with only a few cases of meningitis have been reported and the results, in conjunction with other treatments, have been quite good. The Army doctors found, however, that it must be given by injection into the space between the thick membranes surrounding the brain and spinal cord and the brain or spinal cord tissue. Circulating in the blood stream, it cannot pass this barrier to reach the infecting organisms.

Excellent results have been obtained with direct application of the drug to infections of the external ear, the pleural cavities and the brain. Infections elsewhere will not reach local foci of infection in sufficient concentration to be effective.

One of the hopes of the medical profession has been that streptomycin would prove of some value against tuberculosis. The army experience neither confirms nor refutes this since a much longer series of investigations will be required before there can be any valid conclusions.

Balances against the demonstrated value of streptomycin in suitable cases are some apparently toxic effects. Some of these are probably due to impurities in the drug but others seem to be specific for the drug itself. The most serious of these is what seems to be an irreversible damage to part of the eighth cranial nerve which appears when streptomycin is given in large doses by injection for more than ten days. This means that one's sense of balance may be disturbed for a long time, with possible attacks of dizziness and mausea. This was found in two army cases. A third patient showed partial deafness, indicating that there had been a poisonous effect on the other portion of the eighth cranial nerve, which is the path of hearing. Toxic effects also were noted on the kidneys. All this demonstrated that the drug should be given only by physicians, and then only after careful consideration of the organisms involved and the safe dosage.

ARMY MEDICAL OFFICERS FIND REAL "SHELL SHOCK" CASES

Real "shell shock" --a relatively rare condition--has been found by Army medical officers. It is a hitherto undescribed medical syndrome--which means a complex of symptoms. It is a mental and physical condition due entirely to the effect of blast on the tissues of the brain.

In World War I, practically every neuropsychiatric case resulting from combat was labelled "shell shock" until it was discovered that many such cases had never been within miles of an exploding shell. This made the term meaningless and it was dropped altogether from medical language, although it persisted among the lay public.

MORE

ARMY MEDICAL OFFICERS FIND REAL "SHELL SHOCK" CASES (Continued)

The majority of combat breakdowns in World War II were labelled "combat fatigue" and special centers were set up back of the front for dealing with them. Naturally all the causes which bring about nervous and mental conditions among men anywhere also operated in the Army.

It proved extremely difficult to isolate any brain syndrome due to blast waves alone. Usually, where they were suspected, the indications were that the blast waves had served only to exaggerate and bring to the fore previously existing pathological conditions.

Now the existence of a limited number of cases of pure shell shock--now called "closed head injury syndrome due to blast" --is established by an intensive study reported in the October issue of the Bulletin, official Medical Corps publication.

Thirty-four cases were studied in which no other cause for the pathological condition could be found. The men were studied from 50 days to a year after being subjected to the blast waves.

The main complaints of the blast group were headache, ringing in the ears, deafness and anxiety. Other symptons included dizziness, (not true vertigo), daze and confusion, sudden attacks in which everything went black, weakness, fatigue, chest pains and backache. Apathy, mental lethargy and many physical complaints were also reported.

When seen two to 12 months after injury the syndrome complex was little changed. Ringing in the ears had disappeared in some cases and deafness had improved considerably. Backaches, dizziness and blackouts still were mentioned frequently. When questioned none of the men would acknowledge retention of even 75 per cent normal energy. A third indicated poor memory for recent events but in none was memory loss a disability. Moderate depression was noted in several.

"In the total synthesis a more concrete concept of the syndrome emerges" the report said. "The men had been stunned and often rendered unconscious by nearby blast. Two thirds of the group had been unconscious. A third showed ruptured ear drums. Anxiety tension or dullness and apathy were present in 65 per cent. Headaches were heterogeneous in character. They were usually described as a 'dull ache' or sharp jabs of pain in the scalp. About twenty per cent showed minor but definite neurological changes."

Whether there is definite alteration in the brain has been impossible to determine, the report stated. The indications are, however, that this is true. Even so, the study explains, it need not cause any permanent mental or nervous disability and on the whole the prognosis for shell shock is good.

MORE

QM TESTS QUESTION SALT AS SAUSAGE PRESERVATIVE

Tests conducted at the Quartermaster Food and Container Institute for the Armed Forces over a period of nine months have disclosed that fresh frozen pork sausage prepared without salt keeps better than the same product prepared with salt.

These tests in the Chicago installation were to determine a satisfactory method of preparing sausage for freezing to provide maximum stability, appearance, and palatability. It had been found that fresh frozen pork sausage developed rancidity after relatively short periods of storage at temperatures of 0 and 15 degrees F.

Three lots of sausage from the same initial stock were identically prepared except for seasoning ingredients. One lot was seasoned with sage, pepper, sugar, and salt. Another contained sage, pepper, and sugar only, and the third contained no seasoning. Samples were prepared from all lots, frozen at zero degrees, placed in storage at that temperature, and every 30 days portions were removed from each lot and submitted to chemical as well as taste tests.

At the end of three months it was noted that the sausage which contained salt had deteriorated in appearance, flavor, and odor. Taste tests indicated similar deterioration, and chemical examinations confirmed these indications.

After each succeeding month of storage and subsequent examinations, the samples containing salt continued to deteriorate in all respects and became so gray in color that it was necessary to taste test the three types under red lights to eliminate the ease of detecting the salt-seasoned sample from the two types prepared without salt.

The tests indicated that seasonings other than salt had but little effect on the development of rancidity in the sausage during freezing, storage, and cooking. On the contrary, the type to which sugar, sage, and pepper had been added were slightly more acceptable and had lower deterioration values than the type to which no seasoning had been added.

GERMAN DENTISTS USED PLASTIC FOR PERMANENT FILLINGS

A plastic substance, used by American dentists only as a base for dentures and for crowns and inlays, was successfully utilized by Germans as a permanent filling for caries during the war, Major General Norman T. Kirk, The Surgeon General, reported recently.

A study made by an officer of the Surgeon General's Office of German dental practices since the start of the war found little else of value to the dental profession in the United States. Some progress was made in the field of dental materials--largely because of the necessity of finding substitutes for unobtainable substances rather than developing superior products.

MORE

GERMAN DENTISTS USED PLASTIC FOR PERMANENT FILLINGS (Continued)

Stainless steel was used widely as a substitute for the superior but scarce gold and silver. No new plastics were found, although some known to the American dental profession were put to novel uses.

Acrylic resin, a material widely used in the United States as a base for false teeth, was developed by the Germans as a permanent filling for direct use in a quickly hardening plastic state in prepared cavities.

Development of this material was halted in Germany by destruction of the factory in 1943, but it already had been used experimentally at that time. Fillings inserted in 1943 were found in excellent condition in 1945.

Germany apparently had no authorized standards for dental materials and remedies, the study revealed.

Many preparations of very doubtful value, and some of no value at all, were widely advertised and used. Gum diseases were common among the German population and apparently few Germans ever had their teeth cleaned.

ARMY SHIPPING FROZEN MILK TO PACIFIC

Shipments of frozen whole milk to troops in Pacific Area hospitals, and fresh milk for several regular Army messes as well as hospitals in the American occupied zone in Germany are being made.

Recognizing that milk is the most nearly perfect human food, The Surgeon General and The Quartermaster General have carried on continuous research to devise means whereby milk could be a regular part of the overseas soldier's diet.

Where fresh milk cannot be provided in sufficient quantity it has been compensated for nutritionally by inclusion in the menus of milk solids and butter fats in non-perishable forms. These can also be used in cooking and baking.

Dry skim milk having all the food value of fresh milk with the exception of fat and Vitamin A has been used by the Army in beverages, soups, gravies, sauces and custards by reconstituting it with the proper amount of water.

However, in the case of hospital patients who cannot be fed the regular menu, and whose appetites must be tempted by palatability, reconstituted dried milk has not been successful because of its lack of flavor appeal.

Frozen milk was tried in 1944 for hospital ships returning from war theaters with wounded soldiers. Its immediate and enthusiastic acceptance by convalescents has fully justified the extra care and effort that has been expended in the development of milk in this form.

MORE

ARMY SHIPPING FROZEN MILK TO PACIFIC (Continued)

Fresh homogenized pasteurized milk is frozen at temperatures of 15 degrees or below, and shipped under refrigeration in one-quart containers.

Since VJ-Day, frozen milk has also been shipped to hospitals on shore in Pacific areas, and it is now a regular item of procurement. However, in the Pacific, its use is strictly limited to hospitals. In September and October, 121,000 pounds of frozen milk were shipped to hospitals in Japan and other Pacific installations.

Fluid milk requires unusual care to protect its flavor and purity, therefore local procurements of milk that would meet Army health standards have been difficult in overseas areas, and particularly in the Pacific.

In Europe fresh milk is being procured from Denmark.

The program is providing approximately one quart of fresh milk a day per man for troops who are hospitalized, and a half pint a day for each soldier at regular messes.

COLONEL LUNDEBERG ELECTED TO ACADEMY OF TROPICAL MEDICINE

The American Society of Tropical Medicine held its annual scientific meeting in Miami, Florida, in conjunction with the Southern Medical Association and the National Malaria Society on Monday, 4 November, through Thursday, 7 November. At a meeting of the Academy of Tropical Medicine, following the Academy dinner on Wednesday, November 6, Colonel Karl R. Lundeberg, Chief of Preventive Medicine Division, Office of The Surgeon General, U. S. Army, was accorded the signal honor of being elected to the Academy.

Colonel Lundeberg has had a broad experience in tropical medicine in the Panama Canal Zone, and during the war in India. He is a graduate of the London School of Hygiene and Tropical Medicine.

Retiring president of the Academy and the Society was Dr. James Stevens Simmons, Dean and professor of Public Health of the Harvard University School of Public Health, Boston, Massachusetts. When Dr. Simmons retired from active duty after 30 years of Army service on July 1 of this year, he held the rank of brigadier general and was chief of Preventive Medicine Division, Office of The Surgeon General, the same position now held by Colonel Lundeberg.

The Academy of Tropical Medicine is made up of senior members of the American Society of Tropical Medicine who have distinguished themselves in one or more phases of tropical medicine. This group, therefore, is in the position of guiding the thinking on tropical medicine in this country, and influences greatly its accomplishments, research and planning for the future.

MORE

COLONEL AARON CHIEF NURSE AT ARMY & NAVY GENERAL HOSPITAL

Lieutenant Colonel Margaret E. Aaron, who has just completed her tour of duty as deputy superintendent of the Army Nurse Corps, Office of The Surgeon General, will become Chief Nurse at Army & Navy General Hospital, Hot Springs, Arkansas, during January. Colonel Aaron, who has been deputy to Colonel Florence A. Blanchfield, Superintendent, ANC, will spend her leave at the home of her sister, Miss Rachel Aaron, 237 North 11th Street, Allentown, Pennsylvania. When Colonel Aaron assumed duties in the Office of the Surgeon General on September 17, 1945, she already had a brilliant war record. She was awarded the Legion of Merit for her organization of the Army nursing service in European Theater of Operations at the beginning of World War II. She returned to the United States in November, 1934, because of illness. Later, while Director of Nursing in Mediterranean Theaters of Operations from December, 1944, until August, 1945, she won the Meritorious Cross of War, An Italian decoration. Colonel Aaron, whose home town is Allentown, has been a member of the Army Nurse Corps for 28 years. She served during World War I with the Lakewood, New Jersey, General Hospital Unit.

MANY AMERICANS IMMUNE TO MUMPS

Thirty per cent of the American people probably have had mumps without knowing it. The result has been a high degree of immunity to epidemics of this common, but sometimes quite serious, disease of childhood. Such is the conclusion from studies of 50 groups of children and adults conducted by University of Pennsylvania and Harvard University medical scientists under a contract with the Commission on Measles and Mumps of the Surgeon General's Office, United States Army. Mumps and measles usually are paired as childhood maladies. Each is caused by a specific filterable virus. Both diseases are very contagious. One virus presumably is as widely disseminated in the population as the other. Yet the studies reported by Doctors Elizabeth P. Maris, John F. Enders, Joseph Stokes Jr., and Lewis W. Kane, show that about 33 per cent of young adults have a probable acquired immunity to the disease indicating some past infection of which they were unaware. One attack of mumps is believed to protect an individual against further attacks of the virus for the rest of his life. Statistical studies have shown that whereas about 90 per cent of the American population suffer from measles at some time or other only 60 per cent are victims of mumps. The immunity of a person was determined by the so-called "complement-fixation" test of the blood serum with mumps virus cultivated in incubated chicken eggs, and also by a skin test with similar material. In this hidden reservoir of acquired immunity, mumps seems to bear some likeness to poliomyelitis, also a virus disease of children. It is believed that about 90 per cent of the population have had polio in a sub-clinical form at some time, with the result that they are permanently protected against it. The reasons why mumps should attack some persons in such a mild form that it is not recognized--it may amount to no more than a slight headache or an "out-of-sorts" feeling-- is unknown. The technique of determining immunity may prove of considerable value in times of mumps epidemics when the relative susceptibility of a population can be determined before undertaking defense measures.

MORE

106 NURSE LIEUTENANTS PROMOTED TO CAPTAIN

In recognition of their wartime service and the increased responsibilities of positions they now hold in Army general hospitals, 106 First Lieutenants of the Army Nurse Corps have been promoted to Captain, Major General Norman T. Kirk, The Surgeon General, announced recently.

In the near future 316 more nurses will become Captains as their qualifications are reviewed and approved. At the same time names of ten Army Nurse Corps Captains have been submitted to the War Department for promotions to the rank of Major. When those promotions are made, five vacancies will remain in that category.

Promotions announced today affect, principally, nurses in General Hospitals which are under direct command of The Surgeon General.

AMPUTEE WHOSE APPEAL GAVE DISABLED VETS A CHANCE IN ARMY BECOMES FIRST TO ENLIST UNDER NEW POLICY

A disabled former Air Force Master Sergeant, whose plea to General Dwight D. Eisenhower resulted in a recent War Department decision to enlist disabled combat veterans, led an estimated 5,000 such men back into the Regular Army on November 8.

The ex-soldier, Richard Montgomery, 29 years old, of 2421 Perrysville Avenue, Pittsburgh, Pennsylvania, who lost his left arm in aerial combat over Rangoon, was sworn in as the first disabled combat veteran to re-enter the Army in ceremonies held in the office of Major General Willard S. Paul, War Department personnel chief.

Sergeant Montgomery was sworn in by Major General Edward F. Witsell, The Adjutant General of the Army.

Last August, Sergeant Montgomery informed General Eisenhower that he had lost his left arm at the wrist when antiaircraft shell fragments hit and knocked down the Boeing B-29 Superfortress of which he was radioman. Captured by the Japanese in December of 1944, he was imprisoned at Rangoon, Burma, and later underwent an operation without anesthesia for the removal of his gangrenous left forearm. He was liberated in May of 1945 and, fitted with a prosthetic device, discharged from McGuire General Hospital, Richmond, Virginia, in January of this year.

Having enlisted in the Regular Army in 1940, Montgomery explained, he had thought the Army as his career and was discontented in being "turned out to pasture" with a pension.

MORE

AMPUTEE WHOSE APPEAL GAVE DISABLED VETS A CHANCE IN ARMY etc. (Cont'd)

"I am not asking for charity," he stated to General Eisenhower. "Equipped with Army issue prosthesis I am perfectly capable of handling any number of jobs in the Army, either in peace time or wartime. In fact I could easily discharge my former duties as Communications Chief or Radio Operator.

"Can you make it possible for me or any of the other numerous servicemen with combat-incurred disabilities, who so desire, to secure a waiver to re-enter the service?"

The War Department policy was formulated as a result of Montgomery's appeal and coincident with the real need of the Army for career soldiers who want to serve and possess skills and experience so drastically required. The plan provides for the enlistment of combat-disabled veterans who meet the minimum physical standards for enlistment (with the exception of the specific disability); who can care for themselves in the normal course of life; who apparently will require no more hospitalization or time loss due to the disability, and who have skills which can be utilized. Under the program it is expected that 5,000 men will be granted admission to the Regular Army.

CHINESE SURGEON GENERAL INSPECTS AAF LABORATORY

Major General His-Lin Hsu, Surgeon General of the Chinese Army, recently visited the Aero-Medical Laboratory at Wright Field, Dayton, Ohio, at the invitation of Brigadier General Malcolm C. Grow, the Air Surgeon of the Army Air Forces.

General Hsu and a staff of Chinese surgeons have been visiting various Air and Ground Forces medical schools, hospitals and supply depots during the last two months to study the organization and operation of the War Department medical branches.

For the last three days, the Chinese surgeons have been in conferences with various members of the Air Surgeon's staff in Washington, studying the organization of the medical department of the Army Air Forces and its relation to the War Department Surgeon General's office.

Earlier in the tour, the Chinese staff visited the School of Aviation Medicine at Randolph Field, San Antonio, Texas, enabling them to compare the school with their school of medicine in Hang Chow.

Members of General Hsu's staff includes Colonel Ling-Su Woo, Deputy Surgeon General and personal physician of the Generalissimo; Colonel Tah-Mou Peng, director of personnel, Surgeon General's Office; Colonel Chan Chao, surgeon, 4th supply area; Colonel Pin Shiao, director of operations, Surgeon General's Office; and Major Yin-Kuei Hsueh, new 1st Army surgeon and aid and interpreter for the general.

MORE

SPECIAL FOOD OFFICERS AND MEN TO IMPROVE ARMY FOOD PROGRAM

Further to improve the food service program throughout the Army a new category of thoroughly trained staff officers whose sole duty will be the supervision and direction of the food program of their command has been established at all army levels, the War Department has announced.

The special food officers, to be known as "Food Service Supervisors" will be assigned to Army commanders at all echelons from battalion to overseas theater and will range in rank from First Lieutenant to Lieutenant Colonel.

Simultaneously, a new class of enlisted food service supervisory personnel to be known as "Food Service Technicians" and ranging in rank from Corporal to Master Sergeant has been established to assist the staff food supervisory officers.

The new categories of food officers and enlisted personnel will not increase the authorized basic troop strengths.

Their objective is to improve the standards of the Army subsistence program as recommended by a nine-man committee of civilian experts who at the request of the Secretary of War examined the Army food service for the War Department.

Headed by Mr. John L. Hennessy, Chairman of the Board, Hotels Statler Company, Inc., of New York City, the committee last year visited 42 army installations in every section of the United States inspecting more than 250 army messes.

In general the food service supervisors as part of their normal staff function will closely watch the food program of their organization always with the view toward improvement of service, health of the men, variety and elimination of unnecessary waste.

Officers selected for the duty will have a thorough knowledge of procurement, storage, distribution, preparation and service of food, gained through military or civilian experience or as graduates of the Army food service supervisory course.

Enlisted personnel selected for assignment as food service technicians must also meet high standards. In general they must be high school graduates or equivalent, and meet high mental, health and training requirements.

MORE

ARRIVALS, OFFICE OF THE SURGEON GENERAL

LIEUTENANT COLONEL CHARLES G. GRUBER, SnC, of Washington, D. C., formerly of Separation Center, Fort George G. Meade, Maryland, assigned to Office of Supply, Chief of Supply.

LIEUTENANT COLONEL WILLIAM A. HAMRICK, PC, of Arlington, Va., formerly of Headquarters, Army Ground Forces, Fort Monroe, Va., assigned to Office of Personnel, Military Personnel Division, Classification & Records Branch.

LIEUTENANT COLONEL PAUL W. HAYES, MC, of Brookfield, Mo., formerly of Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Physical Standards Division, Induction & Appointment Branch.

LIEUTENANT COLONEL RAYMOND P. HUGHES, MC, of Brentwood, Md., formerly of Brooke General Hospital, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Medical Consultants Division, Venereal Diseases Treatment Branch.

MAJOR WILLIAM W. BRYANS, MAC, of Wyomissing, Pa., formerly of Detachment of Patients, Walter Reed General Hospital, Washington, D. C., assigned as Chief of Office Service Division.

CAPTAIN EDWARD S. BROWN, MC, of Cleveland, Ohio, formerly of Pacific Theater, assigned to Office of Personnel, Overhead.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

LIEUTENANT COLONEL MARGARET AARON, ANC, of Allentown, Pa., formerly Deputy Chief of Nursing Consultants Division, assigned to Army & Navy General Hospital, Hot Springs, Arkansas.

LIEUTENANT COLONEL JAMES J. SOUDER, SnC, of Arlington, Va., formerly Chief of Construction Branch, Hospital Division, Office of Plans & Operations, assigned to Separation Center, Fort Dix, New Jersey.

MAJOR IVAN C. DIMMICK, JR., MC, of Benson, Minn., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

MAJOR GUY C. HILL, PC, of Salt Lake City, Utah, formerly Chief of Theater & Troop Units Branch, Troop Units Division, Office of Plans & Operations, assigned Overseas.

MAJOR MARY B. SCHICK, ANC, of Pittsburg, Pa., formerly Assistant Chief of Army Nurse Branch (Personnel), Nursing Consultants Division, assigned to Army Medical Center, Washington, D. C.

MAJOR VICTOR H. SMITH, MC, of Chicago, Ill., formerly of Physical Standards Division, Office of the Chief, assigned to Medical Department Replacement Pool, Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN VERNON E. BLYTHE, MAC, of Allen, Texas, formerly of Office of Personnel, Military Personnel Division, Procurement, Separation & Reserve Branch, assigned to Brooke Army Medical Center, Fort Sam Houston, Texas.

CAPTAIN GEORGE H. DAVIS, MAC, of Washington, D. C., formerly of Office of Supply, Chief of Supply, assigned to Separation Center, Fort George G. Meade, Md.

MORE

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

CAPTAIN HARRY L. GALLAGHER, MAC, of Winooski, Vermont, formerly Chief of Organization & Equipment Allowance Branch, Troop Units Division, Office of Plans & Operations, assigned Overseas.

CAPTAIN FLORYNCE M. HOULE, ANC, of Washington, D. C., formerly of Nursing Consultants Division, Army Nurse Branch (Personnel), assigned to Army Medical Center, Washington, D. C.

CAPTAIN WILLIAM H. LINDSEY, MAC, of Denver, Colo., formerly of Office of Personnel, Military Personnel Division, Assignments Branch, assigned to Fitzsimons General Hospital, Denver, Colorado.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

CAPTAIN TO MAJOR

PERRY J. BULLARD, PC, of Lapine, Ala., of Office of Plans & Operations, Education & Training Division, Officers Training Branch.